



# PROVIDER INQUIRER

May 1<sup>st</sup>, 2005

[www.michigan.gov/mdch](http://www.michigan.gov/mdch)

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## Medicare Eligibility Rejections

Per Medicaid policy, once a beneficiary becomes Medicare eligible, either by age or disability, they must carry Medicare coverage. As stated in Section 2.6.A of the Coordination of Benefits Chapter of the Manual, Medicaid will not make any reimbursement for services until Medicare coverage is obtained. Once the beneficiary has obtained Medicare coverage, services may be billed to Medicaid as long as all program policies (such as the time limit for claim submissions) have been met.

Claims submitted to Medicaid will be rejected if the beneficiary is eligible for Medicare and Medicare is not indicated on the claim. If providers receive these rejections they should contact Medicare or check Medifax for eligibility information. If Medicare is not being reported on the beneficiaries file, check to see if the beneficiary is eligible for Medicare. As soon as a beneficiary becomes eligible for Medicare, Medicare coverage must be obtained.

If a provider feels that the beneficiary has not obtained Medicare coverage due to financial circumstances of the monthly premiums, the provider can contact the Medicare Buy-In Unit on the beneficiary's behalf. This will give you information as whether or not Medicaid will pay the monthly premiums for the beneficiary.

A Medicare Buy-In occurs when a beneficiary meets specific financial criteria that qualify them for Medicaid to pay their monthly Medicare premiums. If a Buy-In takes place Medicare coverage will be obtain and both Medicare and Medicaid can be billed for the date(s) of service. Providers can contact the Medicare Buy-In Unit at (517) 335-5488.

If a beneficiary does not qualify for the Medicare Buy-In but still refuses to carry Medicare coverage, they will be considered self-pay. Section 9 of the General Information for Provider Chapter of the Manual states that a beneficiary can be billed if the refuse Medicare Part A or B coverage. It is recommended that providers notify the beneficiaries that they will be self-pay prior to any service being rendered.



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## What's New



### Medicaid Provider Training Sessions

Michigan Medicaid will be posting the new training sessions schedule at the website in early May. To view the session schedule, please visit:

[www.michigan.gov/mdch](http://www.michigan.gov/mdch) >> Providers >> Information for Medicaid Providers >> Medicaid Provider Training Sessions

Within the new schedule, Medicaid will be able to incorporate the old billing help sessions, with the new biller sessions.

The Billing Help Sessions involve advanced billing information, along with a one-on-one representative helping with billing questions. At the end of the training, everyone is broken down into smaller groups and you will be given the opportunity to work with a Medicaid representative.

The New Biller Sessions involve basic billing information, along with a Medicaid Provider Manual demonstration. This will go over specific field information that is required and where to go to find information. The Manual demonstration will also provide quick and easy tips for navigating through our Manual.

Medicaid is trying to provide a variety of training sessions to ensure the continuance of support through the provider community.

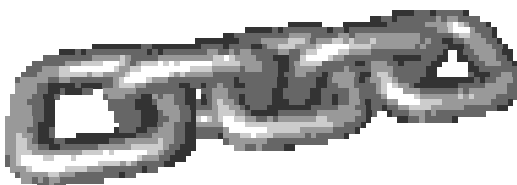
Medicaid is asking for any suggestions regarding new training sessions. If you have any suggestions on training sessions that you would like, please email [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov), with the subject line of "Medicaid Provider Training Sessions."



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## Provider Web Links

Please make sure to continue to check the Provider Updates page at the website. The Provider Updates link is the same section where you can view the Provider Inquirer.

There are many documents that are posted within the Provider Updates web page. The "Provider Tips" is at the bottom of the page. "Provider Tips" has posted documents about general questions that we receive. Currently there is information on documentation requirements and other information for hospitals.

Also, please make sure to view the Medicare Crossover section. There is a helpful Frequent Asked Question document, as well as updates on the crossover process.

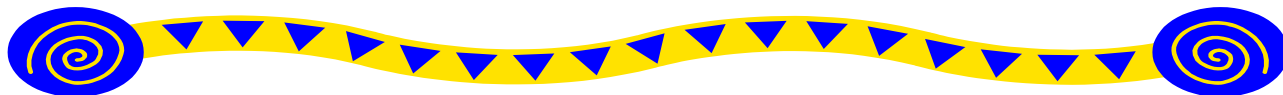
## Using the Website Effectively

Just a reminder to providers, when viewing the website, please make sure to scroll down to the bottom of the page to review all of the information posted. This will ensure that you are receiving all of the information that you need to receive answers to your questions.

We have had many questions on information that is being posted on the web pages. If you cannot find information or would like more information on where to locate information, please contact the Provider Inquiry Unit at 1-800-292-2550.

Provider Inquiry can help you navigate through the web pages so you can find the information that you may need.

Most of the information that providers need for billing purposes is posted at the website. Medicaid encourages providers to use the website and check for updates frequently.



The State of Michigan offices will be closed:  
Monday, May 30, 2005 - Memorial Day